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CONFIRMATION NO. 5419

SERIAL NUMBER 10/518,094	FILING OR 371(c) DATE 08/16/2005 RULE	CLASS 601	GROUP ART UNIT 3764	ATTORNEY DOCKET NO. P70314US0
APPLICANTS Amina Ouchene, Maisons-Alfort, FRANCE; Jean-Louis Counord, Rueil-Malmaison, FRANCE;				
** CONTINUING DATA ***** This application is a 371 of PCT/FR03/01850 06/18/2003				
** FOREIGN APPLICATIONS ***** FRANCE 02/07520 06/19/2002				
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature Initials		STATE OR COUNTRY FRANCE	SHEETS DRAWING 1	TOTAL CLAIMS 8
INDEPENDENT CLAIMS 1				
ADDRESS 00136				
TITLE Device for applying controlled and adjustable compression to a limb				
FILING FEE RECEIVED 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	